

General Information:

Name: _____ Status this semester (circle one):
Freshmen
Sophomore
Junior

Address: _____

E-Mail: _____ Current School: _____

Phone: _____ Cumulative GPA: _____

Scholarship(s) Applying For:

(Check all that apply)

GRIER SCHOLARSHIP

The Grier Scholarship is open to students currently at the **undergraduate** grade level. This scholarship will be awarded in the amount of **\$500.00** each to *two* recipients. Residents of Minnesota are given preference for these awards.

SLHS DEPARTMENT SCHOLARSHIP

The SLHS Department Scholarship is open to students currently at the **undergraduate** level. There is a minimum overall GPA requirement of 3.25 with a minimum of 45 earned credits. **Students must submit a copy of their most recent transcript plus a 200-300 word essay.** The essay should address what we do not know about you other than reading your list of activities or accomplishments. As stated on other MSUM application forms, examples could be the following: who has influenced you most, what you are passionate about, what makes you uniquely "you." This scholarship will be awarded in the amount of **\$500.00** each to *two* recipients attending MSUM at the undergraduate level Fall 2009.

NSSLHA SCHOLARSHIP

The National Student Speech-Language-Hearing Association (NSSLHA) bookstore award is open to students who are currently at **junior status** (will have senior status in the fall term). This scholarship will be awarded in the amount of **\$300.00**. The recipient of the NSSLHA Bookstore Award must show both outstanding service to their NSSLHA group as well as academic achievement.

Applicant Signature

Date

APPLICATION DEADLINE IS MARCH 27, 2009

College / University Involvement:

Community Involvement:

Other Information

*****Only NSSLHA Grant Applicants complete the following:***

Please describe your NSSLHA involvement during the past year. Please include events during which you volunteered your time, fundraisers in which you participated, and other activities of which you have been a part:

Name of NSSLHA Chapter President _____

Are you a National NSSLHA Member? ____ Yes ____ No NSSLHA Acct # _____

Please staple all documents together and submit to the SLHS Department Front Desk
NO LATER THAN March 27, 2009

PLEASE USE THIS PAGE IF ADDITIONAL SPACE IS NEEDED.